

OMB NO 1545-0008

Form W-2 Wage and Tax Statement 2022

Employer's Name, Address and ZIP Code METLIFE AGENT / FOX 5950 AIRPORT ROAD ORISKANY NY 13424		1. Wages, Tips, Other Compensation 1,190.00	2. Federal Income Tax Withheld .00	
		3. Social Security Wages 1,190.00	4. Social Security Tax Withheld 73.78	
Group/Sub/Branch 0230289 0001 0002		5. Medicare Wages 1,190.00	6. Medicare Tax Withheld 17.26	
Employer's Identification Number 13-5581829		Employee's Social Security Number 336-37-0898		14. TIER 1 EMPLOYEE TAX: TIER 1 EMPLOYEE MEDICARE TAX:
Employee's Name, Address and ZIP Code ARUNA VEERAMREDDY 10168 130 TH STREET SOUTH RICHMOND HILL NY 11419		12a. (J) Excluded From Wages .00	14a. Included in Wages 1,190.00	14b. Total Benefits Paid 1,190.00
		13. Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		
15. State Employers State ID No. NY 135581829	16. State Wages, Tips, Etc. 1,190.00	17. State Tax Withheld .00	20. Locality Name	18. Local Wages, Tips, Etc.
				19. Local Income Tax

Department of the Treasury
Internal Revenue Service

Copy C, for employee's records. This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable to you and you fail to report it.

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Department of the Treasury
Internal Revenue Service

Copy B, to be filed with employee's Federal tax return

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				19. Local Income Tax

Department of the Treasury
Internal Revenue Service

Copy 2, to be filed with employee's State tax return

OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

Copy 2 to be filed with employee's State Income Tax Return.